Before We Start

- Q&A Box on the right
- PowerPoint available for download at the end
- Poll questions at the end are helpful! Thank you!
- Don't forget to take the post-test! (use the same link that you accessed the webinar with)
- Email Brittany with any questions or concerns (<u>bsnyder@utah.gov</u>)



Disclosures

- The Western Multi-State Division is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- Participants must complete the pre-test, attend the entire live event, and complete the post-test with a score of 80% or greater to earn one contact hour.
- No conflicts of interest are involved in this series. This includes no content relevant to commercial interest and no presence of commercial support.

E-cigarettes: What Healthcare Professionals Need to Know

Marci Nelson, B.S., CHES

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Utah Department of Health

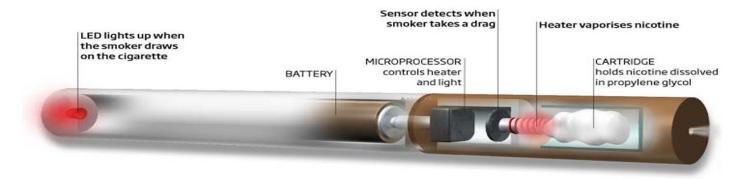
Learner Outcomes

- Participants will be able to list the risks of e-cigarettes
- Participants will be able to describe evidence-based tobacco cessation interventions
- Participants will be able to name three tobacco cessation resources

Electronic Nicotine Delivery Systems (ENDS)



Upon inhalation the heater known as the atomiser vaporises the nicotine solution turning it into vapour. The user in turn inhales this to get the similar nicotine hit as a normal cigarette, and a real smoking satisfaction.







What's in the liquid?





E-cigarette liquid includes:

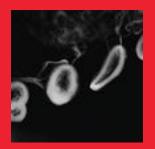
- 1.) Water
- 2.) Flavoring
- 3.) Nicotine (Not always,but most of the time)
- 4.) Propylene Glycol (OR)
- 5.) Vegetable Glycerin

Vaping Groups

Flavorist



Trickster



Cloud Chaser



Hobbyist



Fadding

Quitter



Examples of Custom Personal Vapors







"Novelty" Products





State and Local Regulations

- Minimum sale age of 19
- No Internet sales
- No free gifts to the public
- Included in the Utah Indoor Clean Air Act
- Vape Shop location restrictions
- Restrictions on the amount of nicotine in the e-liquid mixture

Federal Regulations

- Minimum sale age of 18
- Vending machines in adult only businesses
- No free samples
- No False advertising
- Child resistant packaging
- Safety warning
- Manufacturer registration
- Pre-market review

Utah Legislative Efforts in 2017?

Utah Youth Outrage — Tobacco 21, Flavor Restrictions

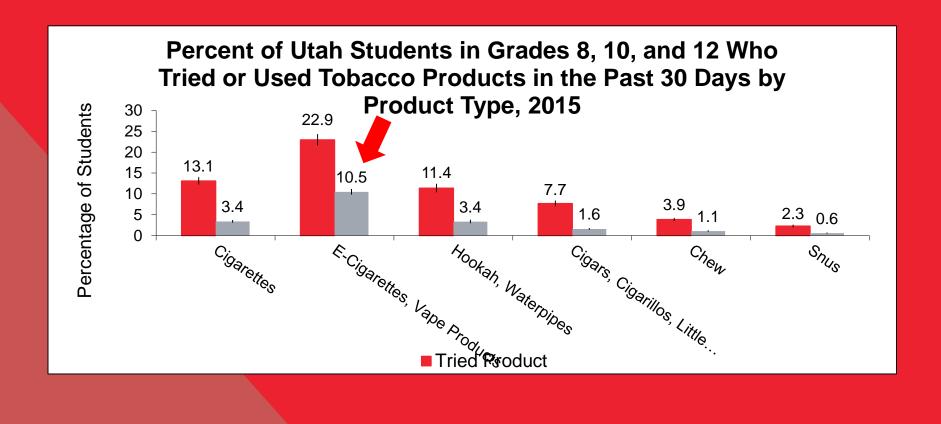
Utah Tobacco-Free Alliance - Tobacco 21, Taxation

Representative Steve Eliason - Tobacco 21

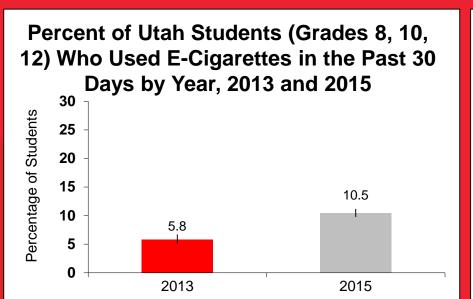
Representative Paul Ray - Taxation

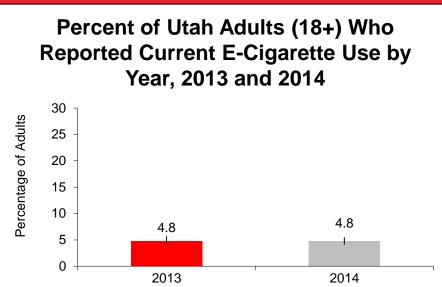


Why are we concerned?



Vaping Trends: Utah Youth vs Adults





Other Harms







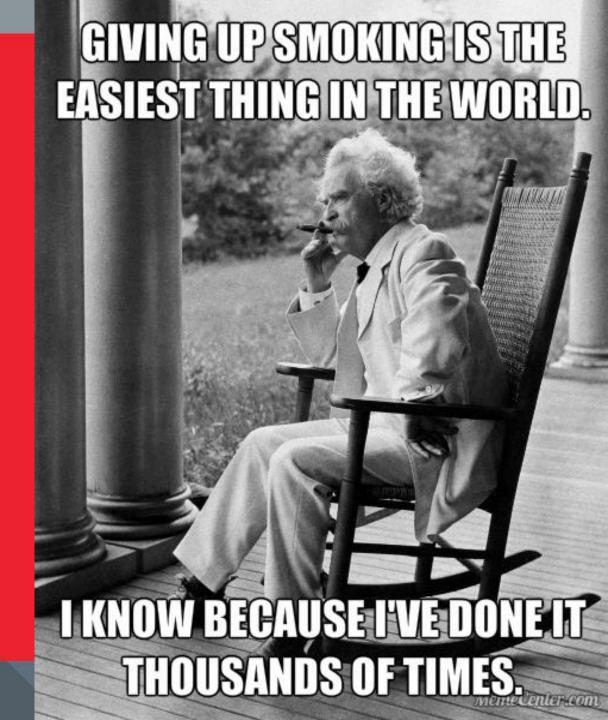




Jesse Joseph jessejoseph@utah.gov 801-538-6839

@waytoquit

Nicotine:
Known
Health
Risks



Known Health Risks

- Nicotine = Highly addictive
- Nicotine Causes:
 - Dependence, body quickly requires more and more for effect
 - Elevation in heart rate and blood pressure
 - Vasoconstriction
 - Elevates respiratory rate
 - Jaw pain, worsen TMJ disorder esp. oral forms
 - Tooth disorders
 - Headache
 - Nausea
 - Hiccups
 - Palpitations, arrhythmia
 - · Flatulence, diarrhea
 - Insomnia
 - Chest discomfort

Known Health Risks

- Nicotine Contraindication:
 - Recent MI
 - CAD
 - Arrhythmias
 - Angina
 - Asthma
 - Peripheral vascular disease
 - Pregnancy
 - Insulin dependent DM
 - HTN
 - Hyperthyroidism
 - Pheochromocytoma
 - Renal impairment

Chemicals in Electronic Cigarettes

Forty-Two Chemicals Identified in Electronic Cigarettes

✓ = exposure can be especially harmful to the health. Chemicals in red are emitted in secondhand smoke.

2-butanone (MEK)

2-furaldehyde Acetaldehyde ✔

Acetic acid

Acetone 🗸

Acrolein 🗸

Aluminum

Barium

Benzene 🗸

Boron

Butanal

Butyl hydroxyl toluene

Cadmium 🗸

Chromium 🗸

Copper

Crotonaldehyde

Diethylene Glycol 🗸

Formaldehyde 🗸

Glyoxal

Iron

Isoprene 🗸

Lead 🗸

Limonene

m,p-Xyelen

Magnesium

Manganese Nickel 🗸

Nicotine 🗸

N-Nitrosonornicotine

o-Methylbenzaldehyde 🗸

p,m-Xylene

Phenol 🗸

Polycyclic Aromatic Hydrocarbons 🗸

Potassium

Propanal 🗸

Propylene Glycol 🗸

Sulfur

Tin 🗸

Toluene 🗸

Valeraldehyde

Zinc

Zirconium

Are They a Cessation Aid?

- US Preventive Services Task Force says no
- Not FDA approved like patches and gum
- If they were, insurances would cover it

Are They a Cessation Aid?

- Nearly 60% of current e-cigarette users also smoke cigarettes
- Nearly 15% of current e-cigarette users have never smoked a conventional cigarette
- While adult e-cigarette use rates have risen sharply in the past two years, cigarette smoking rates have remained mostly unchanged



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E-Cigarettes, As Used, Aren't Helping Smokers Quit, Study Shows

New Analysis by UCSF Found 'Vapers' Are 28 Percent Less Likely to Stop Smoking

By Elizabeth Fernandez on January 14, 2016













Electronic cigarettes are widely promoted and used to help smokers quit traditional cigarettes, but a new analysis from UC San Francisco found that adult smokers who use e-cigarettes are actually 28 percent less likely to stop smoking cigarettes.

The study — a systematic review and meta-analysis of published data — is the largest to quantify whether e-cigarettes assist smokers in quitting cigarettes.

The findings will be published online January 14 in *The Lancet Respiratory Medicine*.



Potential Health Risks

- E-cigs and vaping reinforce the automatic habits of smoking and may hinder quitting
- E-cigs may deliver higher levels of nicotine to you more rapidly and keep you hooked

Smoking Cessation Medications

Nicotine polacrilex gum

- Nicorette (OTC)
- Generic nicotine gum (OTC)

Nicotine Iozenge

- Commit (OTC)
- Generic nicotine lozenge (OTC)

Nicotine transdermal patch

- Nicoderm CQ (OTC)
- Nicotrol (OTC)
- Generic nicotine patches (OTC, Rx)

Nicotine nasal spray

Nicotrol NS (Rx)

Nicotine inhaler

Nicotrol (Rx)

Bupropion SR (Zyban)

Varenicline (Chantix)

These are the only medications that are FDA-approved for smoking cessation.

Tobacco Dependence: A Two-part Problem

Tobacco Dependence



→

Behavioral

The addiction to nicotine



Medications for cessation

The habit of using tobacco

Behavior change program

Treatment should address the physiological **and** the behavioral aspects of dependence.

The 5As

ASK – the patient if she wants to quit

ADVISE – her to quit

ASSESS – willingness to make a quit attempt

ASSIST – her in making a quit attempt

ARRANGE – for follow-up contacts to prevent relapse



YOUR ADVICE CAN INCREASE TOBACCO QUIT RATES BY 30 PERCENT.

As a healthcare provider, it's now easier than ever to support your patient's tobacco cessation with help from waytoquit.org.

75% of adult smokers in Utah want to quit, but not enough have access to the information and support they need. That's why you, as a health professional, play such a critical role in the fight against tobacco: simply advising patients to quit increases success rates by 30 percent.

waytoquit.org provides Utah healthcare professionals with a comprehensive resource for cessation information. The website is a one-stop shop with everything you need to talk to your patients: medication & dosage information, educational tools, insurance coverage links, and referrals to free local services.

Talk to your patients about quitting tobacco today; visit the "Healthcare Providers" section at waytoquit.org.



way to quit .org

- Utah's on-line resource for info on dangers of tobacco and nicotine use
- Connects Utahns to free resources and services
- Provides healthcare professionals with the resources they need to help their patients quit tobacco use

Utah Tobacco Quit

Tolleree: 1.800.QUIT.NOW

- Spanish: 1.855.DEJELOYA

- FREE for Utah residents (adults and youth)
- Hours 24/7 every day of the week (except major holidays)
- Quit Guide and supplemental materials for different groups
 - pregnant women, Native American, youth

Utah Tobacco Quit Line

- Services available in English, Spanish and translation in 140 other languages
- Nicotine replacement therapy (patch, gum) for eligible participants
- Up to 5 calls with Quit Coach, can incorporate online counseling and/or text-in option
- Pregnant and post-partum women can receive 10 calls and NRT with a doctor's prescription

Text2Quit

Tailored texts to match each individual's Quitting Plan and profile.



- Up to 300 text messages tailored to an individual's Quitting Plan.
- Coaching call reminders and prompts to connect with a Quit Coach.
- Medication reminders and helpful suggestions
- Tips and games to help manage urges
- Mobile tracking of tobacco usage, urges, cost savings and other measures.

The Referral System

Send FAX referral

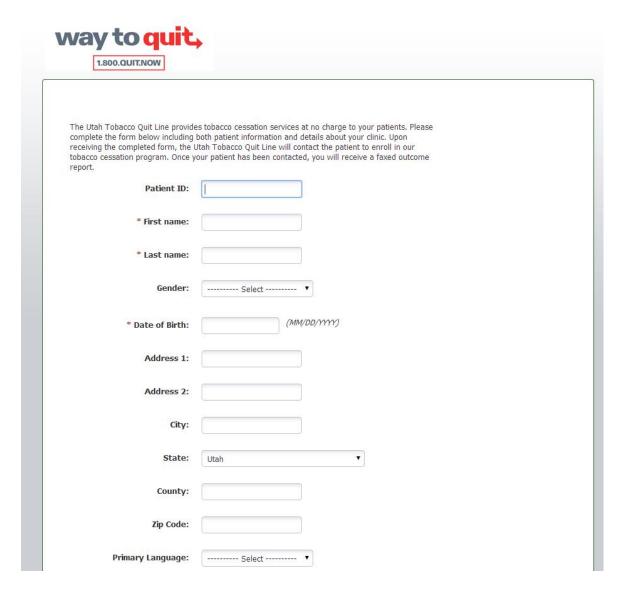
Quit Line calls client

Client enrolls, receives materials, NRT

Client receives quit coaching

Outcomes report sent to HIPPA-covered entities

Online Referral







Participant Outcome Report

Your Clinic recently referred a patient via the Alaska Tobacco Quit Line Fax Referral Program. This form describes the type of service the patient received through the Alaska Tobacco Quit Line. Please place this in the patient's file.

Clinic 1	Information:	
Clinic Na	me:	
Clinic Pho	one Number:	Clinic Fax Number:
Patien	t Information:	
Participa	nt Name:	
Participa	nt Address:	
Participa	nt Primary Phone Number:	Participant Date of Birth:
Outco	mec.	
Status:	IIIC.	
Program	:	
NRT:		
Contact	Date if Contacted:	
Planned	Quit Date (If accepted services):	
Status Progra	participant. M General Questions: Participant inc Materials Only: Participant request One-Call: Participant received a sir	as reached and accepted service, as reached and declined service. The to contact the participant during their best time, but the quitline was unable to reach the squired about the quitline and its services, but did not opt for an intervention or materials, and control intervention with a Quit Coach. The total intervention with a Quit Coach and accepted additional prosctive calls.
NRT.	Participant was screened and dose	ed for the above noted Nicotine Replacement Therapy (patch, gum, or lozenge).

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Online Coaching



Interactive, self-guided Quitting Plan

Rich media and simple text-based content recommended by Quitting Plan / Coach

Progress and milestone trackers populated through web app, mobile apps, or SMS

Coaching call tracker to boost phone engagement (web-phone program)

Integration with social networks and Web Coach community

National Resources

- National Quit Line Portal
 - 1-800-QuitNow
- Smokefree.gov
- www.becomeanex.org
 - Create a profile
 - Three-step plan
 - Ex Quit Plan Guide
 - Online support network

Conclusion

Address ALL tobacco use (including e-cigarettes) with all patients.

At a minimum,

make a commitment to incorporate brief, evidence-based, tobacco interventions as part of routine patient care.

Ask, Advise, Assess, Assist, and Arrange

For more information, contact:
Tobacco Free Resource Line: 1-877-220-3466 or
http://waytoquit.org/healthcare-providers

Thank You!

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@waytoquit